

KJ

08-1538

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature x RECEIVED ATTORNEY GENERAL</p> <p>B. Agent <input type="checkbox"/> Agent Addressee <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery APR 04 2008</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No OFFICE SRVCS MAILROOM</p>	
<p>1. Article Addressed to:</p> <p>Chief of Criminal Appeals Illinois Attorney General's Office 100 West Randolph Street, 12th Floor Chicago, IL 60601</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7004 2510 0001 9700 8835</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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